



AMERICAN HEMEROCALLIS SOCIETY Registration Form

This form may also be used for two-year Name Reservation

PROPOSED CULTIVAR NAME: _____

Date _____ SECOND CHOICE: _____

NEW CULTIVAR REGISTRATION (\$15.00): Yes No **OR** TWO-YEAR NAME RESERVATION (\$6.00): Yes No

SEEDLING NUMBER _____

HEIGHT OF SCAPE _____ inches. SEASON {Circle one}: EE E EM M MLa La VL a REBLOOM: Yes No

Diameter of flower as naturally standing _____ inches. Branches Per Scape _____ Buds Per Scape _____

COLOR: {Circle as applicable} 1. Self 2. Blend 3. Polychrome 4. Bitone 5. Bicolor 6. Eyed or Banded 7. Edged or Picoteed

Color in Mass _____ Petal Color _____

Sepal Color _____ Throat Color _____

Color of band, halo, watermark, eyezone, or edge _____

Please indicate the representation submitted: Photographic Color Slide Digital Image Photograph

DIPLOID **or** TETRAPLOID BLOOMING: diu., noc., ext. FRAGRANCE: none, fr., vfr. FOLIAGE: ev., sev., dor.

POD PARENT: _____

POLLEN PARENT: _____

FLOWER FORM: Single Double (_____%) Polymerous (_____%)

Unusual Form {If Unusual Form then please select which characteristic(s) apply: Crispate Cascade Spatulate }

Spider _ {Must have a ratio of 4.0:1} _ _ Petal Width _____ inches; Petal Length _____ inches; Ratio _____

ORIGINATOR _____ E-mail _____

Name of Garden _____ Phone _____

Address _____

Name & Address of Registrant (if differs from Originator) _____

This form must be postmarked no later than November 1st, for cultivar to be included in current year Registration cycle. One Registration Form must be submitted for each cultivar and should be sent along with a fee of fifteen dollars (\$15.00) in US funds payable to the American Hemerocallis Society for each cultivar to:

Gretchen Baxter, Registrar -- American Hemerocallis Society -- P.O. Box 9887 Greensboro, NC 27429

If the name of this cultivar is the name of a living person, other than your immediate family, have them sign below. "I hereby give the Registrant of this cultivar permission to use my name as a name for this Hemerocallis cultivar."

Signature _____ Date _____

The name of this cultivar is the name of a family member: Yes No **OR** the name of a deceased person: Yes No

If this cultivar was originated by anyone other than yourself have them sign below. I hereby give permission for this cultivar to registered by the person listed on this form.

Signature _____ Date _____

Any member who proposes to name a daylily after a person who is deceased, is required to make every effort to gain permission to use the name from the estate of the deceased person. Any member who uses the name of a deceased person shall assume all legal responsibility for the use of the deceased person's name. Further, it is understood that any member who names a daylily by using the name of a deceased person herewith agrees, by signing this document, to indemnify and hold the American Hemerocallis Society harmless from any and all claims regarding such conduct, including payment of court costs, expenses and reasonable attorney's fees.

Registrant's Signature submitting this document _____ **Date** _____